

Richmond: Background

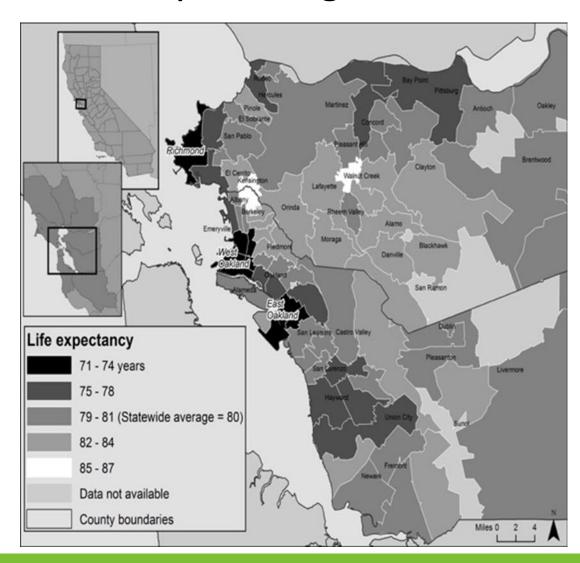
- 103,700 Residents
- Majority community of color
- 32 miles of shoreline
- 292.6 acres of parkland
- 17 miles of the SF bay trail
- Most solar watts installed per capita for large Bay Area cities
- Mayor Tom Butt
- Seven member City Council
- City Manager Laura Snideman





Richmond, CA: From Toxic Town to Healthy, Healing Place?

- Majority community of color: African-American, Latino, Vietnamese & Laotian
- History of migration, industrialization & activism
- 2007 9th most violent in US (top 25 world)
- Lowest life expectancy in Bay Area in 2005
- How do we transform a city into an equitable & healthy place?

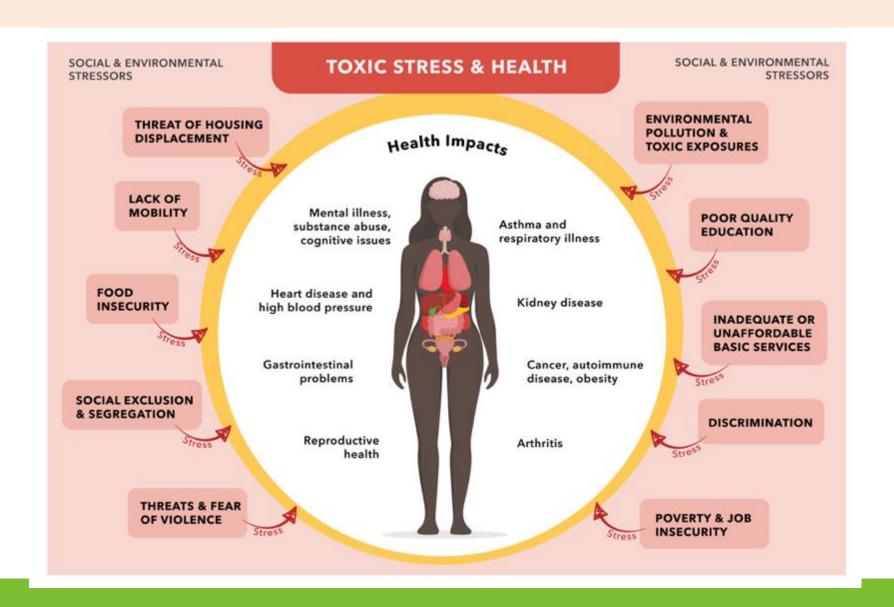




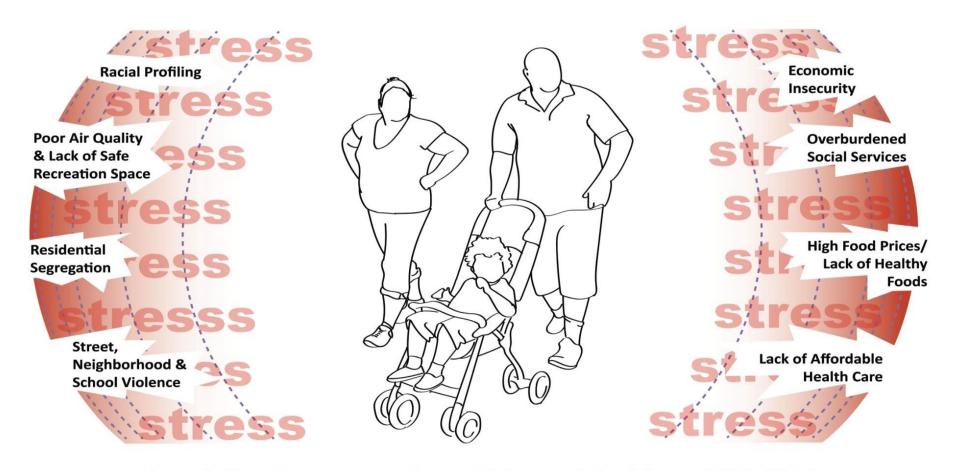
From Planning to Implementation: School-Based Outreach & Education



(3) Structural Racism framework



Toxic Stress



Cumulative Stressors on Some Richmond Residents 2012-2014

Targeted Universalism



Buffers for Some Richmond Residents in 2015

Health in All Policies

 A core component of implementing the Community Health & Wellness Element of the General Plan & improving the wellbeing and living conditions for all Richmond residents.



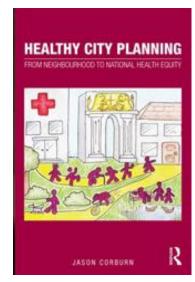
Health in all Policies is city management as 'preventative medicine' and all city staff are 'community clinicians.'

HIAP INTERVENTION AREAS



Plan/Policy/Program	Measures	Health Equity	Department(s) Responsible	Desired Direction of Change/ Goal	
Short-Term Action (1-2 years)					
Action 1A: Integrate health equity into 5 Year Strategic Business Plan and bi-annual budget	-health equity goals and measures integrated in SYSBP and Bi-annual budget -linked to HiAP measures	Including measures in the budget and business plan further ensures that HiAP remains a priority and is operationalized into action.	City Manager's Of- fice, Finance	in health inequities throughout the city, across neighborhoods, and by race/ethnicity	
Action 1B: Formalize the	-team established	Leadership is crucial for HiAP	City Manager's	↑	

University Partnerships, UC Berkeley













Richmond Rising:
Ten years of partnership, community building & policies

	<u>2007</u>	<u>2017</u>
+ Self rated health:	36%	60%
+ Place live:	20%	47%
+ Place for youth:	9%	24%
+ Quality of development:	33%	71%
+ Overall image:	4%	24%
- Unemployment:	18.5%	3.7%
- Discrimination/racism:	42%	24%
- Gun Homicides/100K:	47	15



- 1. Long-term engagement is necessary
- 2. Must build on community knowledge and local history for today's work
- 3. Toxic stress/Structural racism is a community health issue
- 4. Implement incrementally with residents
- 5. Institutionalize the change
- 6. Conduct participatory measurement, training and transparency
- 7. Leverage small money for larger grants
- 8. Continually build and expand partnerships/CBOs and systems
- 9. Co-author results as we go
- 10. Participate in global learning and action exchange

Challenges and Opportunities

- Systems norms & change (County & School District)
- Data that fits a place based initiative (cities, neighborhoods, community defined places)
- Internal explicit discussion on race and gender
- Funding alignment
- Gun violence, housing, and youth programs
- Knowledge of when the city should lead and step back

- Shrinking city budget & staff (funding)
- Changing political leadership
- Deeper ongoing engagement
- Hiring and Internships
- Housing/displacement
- Resident Leadership

Thank you

CA Policy Direction & Funding for the City of Richmond

- Leveraging over \$15 million dollars
- Focus on Developing Healthy Cities
- Strategic Growth Council
 - Miraflores Green Belt Project
 - Urban Greening Master Plan
 - Mathieu Alley Greening Project
 - Livable Corridors Form based Codes
- State Parks Prop 84
 - Elm Playlot
 - Greenway Unity Park
- Active Transportation Program
 - Yellow Brick Road
- Housing & Sustainable Communities Program

(4) Implement Incrementally w/Residents





"We grow food for the opportunity to grow ourselves."

Doria Robinson, Urban Tilth







Pogo Park: Community Designed & Operated Healing Spaces







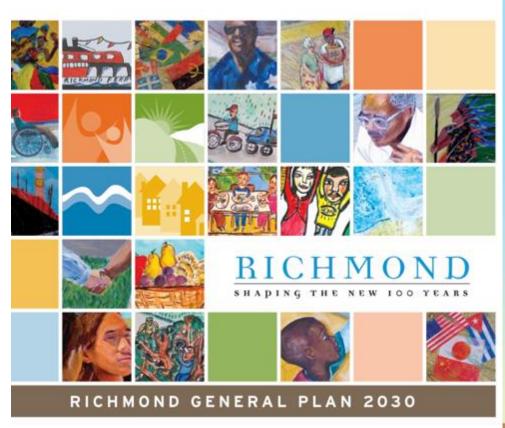
(5) Institutionalize

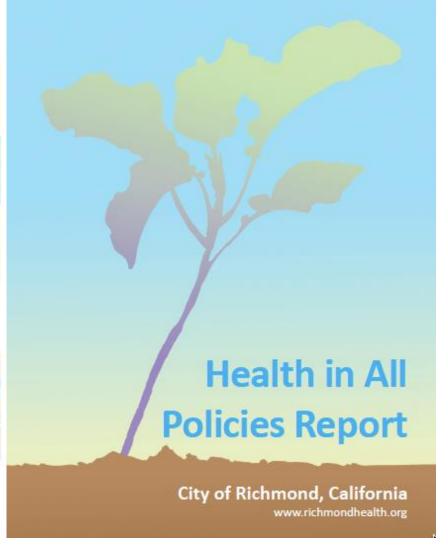






General Plan and Health in All Policies (HiAP)





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Health in All Policies (HAP) Richmond Health Equity

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Health in All Policies Partnership (RHEP) Resources

Health in All Policies (HIAP) Report

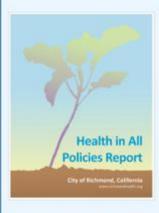
RICHMOND, California - The City of Richmond continues its leadership in working towards health equity with the release of its first Health in All Policies (HiAP) Report. Health in All Policies , or "healthy public policy," is based on the idea that health starts with where people live, work, learn, and play, and that community health is influenced by more than individual choices. One's physical and social environments, along with local government decisions and actions that shape these environments, have an impact on health outcomes.

The HiAP Report is a recap of the influence and progress of Richmond's Health in All Policies ordinance and strategy and identifies how it will continue to grow over the next decade (R.M.C 9.15). It also tells three namatives of how the many efforts in Richmond - of the City, residents and organizations - are combining to impact core health concerns of residents. After a community development process that began in 2012, the first step for the City of Richmond in this process was to begin speaking the language of health equity and to understand the suite of City services, programs, data collection and policy development that could be coordinated to promote health equity.

HIAP Report

Amended RMC Chapter 9.15 HiAP, Adopted: December 15, 2015

Home > Departments + City Manager + Health Initiatives + Health in All Policies (HAP)







Richmond Adopts a Health in All Policies (HiAP) Strategy and Ordinance!

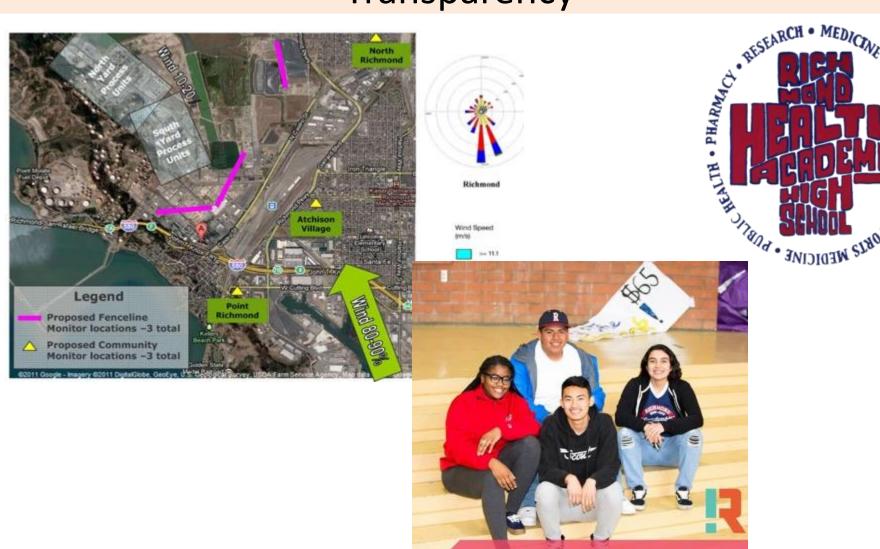
The City of Richmond continues its leadership in working towards health equity exemplified by the recent adoption of a Health in All Polices (HiAP) strategy and ordinance by the Richmond City Council. The HiAP strategy sets a framework of collaboration within city departments as well as with community based organizations and other government agencies to address community health, equity and sustainability in Richmond. Through this lens, Health in All Policies is both a practice and destination.

April 18, 2014

HiAP Strategy and Ordinance Adoption Full Press Release HIAP Strategy Document HIAP Ordinance



(6) Participatory Measurement, Training & Transparency



We are... #PromiseProud

(7) Leverage Small \$ for Larger Grants



(8) Continually Build & Expand Partnerships















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And many more...



PLACE AND HEALTH EVALUATION

Question: How can public space contribute to reducing the drivers of health inequities in urban communities?

To address this question, we are using 5 strategies to measure change, including:



Using neighborhood socio-demographics, built environment & health data, we are analyzing what has changed in the Iron Triangle neighborhood from 2009-2017.



A survey of residents around Elm and Virgina Playlots and guests at Elm Playlot will measure how neighborhood perceptions of health have changed since the redevelopment of Elm Playlot.



Estimates of the economic co-benefits from park improvements, such as reduce health care costs and reductions in gun violence, will be generated for households in the Iron Triangle.



A youth-led photovoice project will examine the sources of, and solutions to, toxic stress identified by teen residents of the Elm Playlot neighborhood.



PARTNERSHIPS

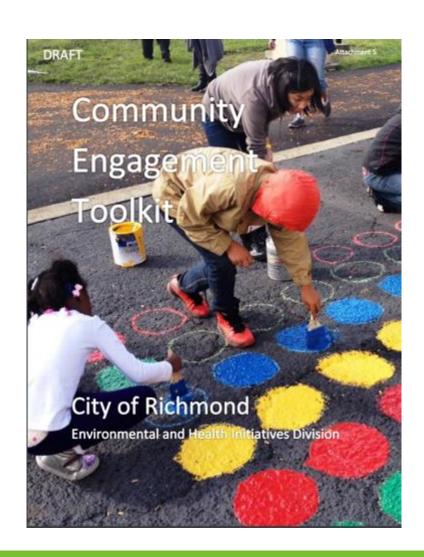
In-depth interviews with park employees, government and CBOs, and neighborhood residents will examine how the project has influenced communityinstitutional partnerships.







(8) Continually Build & Expand Partnerships Community Engagement Toolkit



(9) Co-author Results As We Go

Making Health Equity Planning Work: A Relational Approach in Richmond, California

Journal of Planning Education and Research 2015, Vol. 35(3) 265-281 The Author(s) 2015 Reprints and permissions agepub.com/journalsPermissions.nav DOI: 10.1177/0739456X15580023 jpe.sagepub.com **S**SAGE

Jason Corburn¹, Shasa Curl², Gabino Arredondo², and Jonathan Malagon³

Abstract

In this article, we ask how city planners can reorient urban governance to focus on health equity? We explore health equity planning in the City of Richmond, California, where planners are leading an integrated strategy to promote equity by addressing structural racism and many place-based "toxic stressors." We explore the evolution of Richmond's health equity planning from integrating health into a general plan, to neighborhood-based interventions, violence reduction programs, and drafting a Health in All Policies (HiAP) equity-focused strategy and ordinance. We suggest that making health equity planning work demands an explicitly relational approach to urban governance.

By Jason Corburn, Shasa Curl, and Gabino Arredondo

A Health-In-All-Policies Approach Addresses Many Of Richmond, California's Place-Based Hazards, Stressors

ABSTRACT Poor and minority residents of Richmond, California, have faced a host of place-based hazards and stressors such as pollution, gun violence, and a dearth of economic opportunities, all of which have likely contributed to their poor health outcomes. In this article we describe the city's efforts to reverse its fortunes by embracing a health-in-all-policies strategy for community development. Starting in 2007, the city organized a series of participatory planning projects with residents, community

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Berkeley.

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chief of the City in California.

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Health in All Urban Policy: City Services through the Prism of Health

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(10) Global Learning & Action Exchange

